

Provider Type 45 - End Stage Renal Disease Facility
Provider Type 81 - Hospital Based End Stage Renal Disease
Reimbursement Rates

Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy

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Procedure	Description	Mod	Rate	Effective Date
90999	DIALYSIS PROCEDURE		278.31	1/1/2016
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS		119.28	1/1/2016

** Any separately reimburseable drugs/vaccines are priced via the NDC code submitted when billed. Please contact the DHCFP Pharmacy Specialist for more information.